

(1) PLACE OF BIRTH

County of Murphy
 Township of Paysonville
 or
 Inc. TOWN of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

13116

Registration District No. 4201 Registered No. 7
 (For use of Local Registrar)

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Maggie Prossack

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 8 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Prossack

(9) PRESENT POSTOFFICE OF FATHER Buffalo #1

(10) COLOR OR RACE cal (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Mo

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Prossack

(15) PRESENT POSTOFFICE OF MOTHER Buffalo #1

(16) COLOR OR RACE cal (17) AGE AT LAST BIRTHDAY 41 (Years)

(18) BIRTHPLACE Mo

(19) OCCUPATION Dom

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 4 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlata Rice (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Paysonville

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7 1922 (28) J. S. Prossack Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.